MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

IND. DEP.

AS FILED

DEP.

IND.

- 8

-50-

TOTAL

TOTAL DEP. AFTER AFTER
1st AMENDMENT 2nd AMENDMENT

IND.

DEP.

SERIAL NO. 4 0 / 00 9 83 1 APPLICANT(S)

FILING DATE

TOTAL CLAIMS 10 PTO-1350 (3-78)

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMB

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